

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Nita Lowey for Congress

ADDRESS (number and street)  
▼

PO Box 271

☐Check if different  
than previously  
reported. (ACC)

White Plains

NY

10605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00219881

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

NY

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

21

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Melnikoff

Signature of Treasurer

Electronically Filed by Richard Melnikoff

Date

10

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**

(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M M  
0 8D D  
2 1Y Y Y Y  
2 0 0 8

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	84745.00	1306801.84
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	84745.00	1301801.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	128561.69	785451.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	52.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	128561.69	785399.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1042194.34	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Nita Lowey for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	2	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

27750.00

986360.00

(ii) Unitemized.....

3735.00

56000.80

(iii) TOTAL of contributions

31485.00

1042360.80

from individuals..... ►

0.00

196.04

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

53260.00

264245.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

84745.00

1306801.84

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

52.68

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

2022.48

23361.04

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ►

86767.48

1330215.56

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	128561.69	785451.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4000.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5000.00
21. OTHER DISBURSEMENTS.....	14100.00	412556.74
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	142661.69	1203008.51

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1098088.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	86767.48
25. SUBTOTAL (add Line 23 and Line 24).....	1184856.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142661.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1042194.34

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Paul Adler

Mailing Address 2 Brookwood Lane

City

New City

State

NY

Zip Code

10956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prudential Rand Commercial  
Services

Occupation

Real Estate

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	8

Transaction ID: C17704541

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Bette Burson

Mailing Address 260 Beverly Road

City

Scarsdale

State

NY

Zip Code

10583-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary
 ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Transaction ID: C17714802

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Merle J Bushkin

Mailing Address PO Box 639

City

Brownsville

State

VT

Zip Code

05037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Record Corporation

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Transaction ID: C17724986

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

David Cannold

Mailing Address 3010 Westchester Avenue  
Suite 207

City State Zip Code

Purchase NY 10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	8

Transaction ID: C17704517

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Nicholas G. Cavarocchi

Mailing Address 817 G Street, NW

City State Zip Code

Washington DC 20024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cavarocchi Ruscio Dennis  
Associates, LOccupation  
Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: C17744621

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Joan Lebold Cohen

Mailing Address 1095 Park Ave

City State Zip Code

New York NY 10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Art Historian

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	8

Transaction ID: C17704538

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Lyle Dennis

Mailing Address 11515 Noahs Landing Ct

City

Manassas

State

VA

Zip Code

20112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cavarocchio Russo Dennis  
Associates

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17744640

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Dale Dirks

Mailing Address 507 Capitol Court NE #200

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health & Medicine Counsel

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744633

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Linda A. Ellis

Mailing Address 50 Popham Road, Apt. 5A

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17706139

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Linda A. Ellis

Mailing Address 50 Popham Road, Apt. 5A

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17706140

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Greg Fea

Mailing Address Illy Caffe North America Inc  
800 Westchester Ave

City

Rye Brook

State

NY

Zip Code

10573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illy Caffe North America  
Inc

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 8

Transaction ID: C17704543

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Scott J Fleming

Mailing Address 3467 Mildred Drive

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgetown University

Occupation

Assistant to the President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: C17724994

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Barbara Fogel

Mailing Address 86 Carthage Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Writer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 8

Transaction ID: C17726903

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Dana Freyer

Mailing Address 25 Autenrieth Rd

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skadden, Arps

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 8

Transaction ID: C17714979

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Mildred B Glimcher

Mailing Address 435 East 52nd Street  
Apt. 24C

City

New York

State

NY

Zip Code

10022-6495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pace Wildenstein Gallery

Occupation

Art Historian

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: C17719096

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Jessica Goldsmith

Mailing Address 25 Windmill Road

City

Armonk

State

NY

Zip Code

10504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goldsmith & Soloff LLP

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17743400

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Clare Gorman

Mailing Address 24 Bronx St.

City

Tuckahoe

State

NY

Zip Code

10707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bronxville Schools

Occupation  
Educator

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17714381

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Tamara Greeman

Mailing Address 11 Birchfield Road

City

Larchmont

State

NY

Zip Code

10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Artist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17709950

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Joy Greenhouse

Mailing Address 35 N. Chatsworth Avenue #3Y

City

Larchmont

State

NY

Zip Code

10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: C17714806

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

John F. Heimerdinger

Mailing Address 13 ThorneWood Road

City

Armonk

State

NY

Zip Code

10504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17706120

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Martha Holden

Mailing Address 4119 Kendal Way

City

Sleepy Hollow

State

NY

Zip Code

10591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: C17704529

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Alexander B Hood

Mailing Address 440 Fowler Avenue

City

Pelham Manor

State

NY

Zip Code

10803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17709954

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gjergj Klimi

Mailing Address 61-51 Dry Harbor Rd

City

Middle Village

State

NY

Zip Code

11379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pace University

Occupation

Adjunct Faculty

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17744637

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Meredith Kornreich

Mailing Address 133 Wendover Road

City

Rye

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17709944

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Alan R. Koss

Mailing Address 27 Woodland Rd

City

State

Zip Code

New City

NY

10956-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: C17714799

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gail S. Koss

Mailing Address 27 Woodland Rd

City

State

Zip Code

New City

NY

10956-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: C17714800

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Eugene M Lang

Mailing Address 912 Fifth Ave, Apt. 4B

City

State

Zip Code

New York

NY

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: C17704525

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Michael E Laub

Mailing Address 44 Neustadt Lane

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael Laub Company

Occupation  
Real Estate

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: C17724976

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Llyod Lawrence

Mailing Address 345 S Patrick Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: C17725017

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Gerard G. Leeds

Mailing Address 17 Hilltop Drive East

City

Great Neck

State

NY

Zip Code

11021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: C17726931

Amount of Each Receipt this Period

1600.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Lilo Leeds

Mailing Address 17 Hilltop Drive East

City

Great Neck

State

NY

Zip Code

11021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: C17726936

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Peter Limburg

Mailing Address 219 Bedford - Banksville Road

City

Bedford

State

NY

Zip Code

10506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Writer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: C17714797

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Naomi Lipman

Mailing Address 1186 Post Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consumers Union

Occupation

Editor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 8

Transaction ID: C17704540

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Eugene Lubin

Mailing Address 1200 Midland Ave

City

Yonkers

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westchester Jewish Chroni-  
cle

Occupation

Publisher

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17706113

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gordon MacDougall

Mailing Address 4797 Yorktown Blvd

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beacon Consulting Group  
Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744612

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Alice Mathias

Mailing Address 7 Glendale Road

City

Harrison

State

NY

Zip Code

10528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Lamb Company

Occupation

Writer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17706115

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Marion Merrill

Mailing Address 79 Oxford Road

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17709949

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gertrude Michelson

Mailing Address 70 East 10th Street #6U

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17706114

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Mark Mioduski

Mailing Address 2080 N Oakland Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornerstone Government Af-  
fairs

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744616

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Roger Mulvihill

Mailing Address 44 Oriole Avenue

City

Bronxville

State

NY

Zip Code

10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dechert Price & Rhoads

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: C17714808

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Joseph Murphy, Jr.

Mailing Address 57 Franklin Avenue

City

Rye

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seneca Center, Inc.

Occupation  
Director

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: C17726925

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Mark M Murray

Mailing Address 6511 Princeton Dr.

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornerstone Government Af-  
fairs

Occupation  
Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744613

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Sean O'Shea

Mailing Address 325 L Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akin Gump Strauss Hauer  
& Feld LLP

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: C17725005

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Howard Pack

Mailing Address 12 Herkimer Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wharton School-Retired

Occupation

Professor-Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: C17724973

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Camille Pantuliano

Mailing Address 36 Harwich Lane

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chase Manhattan

Occupation

Economist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: C17704521

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Terry Peel

Mailing Address 6109 Wynnwood Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edinston, Peel & Associat-  
es

Occupation  
Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: C17725002

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Julie Ratner

Mailing Address 95 Ely Brook to Hands Creek Road

City

East Hampton

State

NY

Zip Code

11937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Not-for-Profit

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17710883

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Deborah Reich-Goldberg

Mailing Address 41 Glen Byron Ave

City

Nyack

State

NY

Zip Code

10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: C17737677

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey D. Rose

Mailing Address 353 Germonds Road

City

West Nyack

State

NY

Zip Code

10994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Hypnosis Center

Occupation

CMH

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: C17737695

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Alexandra E. Rosen

Mailing Address 50 Taylor Road

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: C17704528

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Philip Rosen

Mailing Address 75 Echo Bay Drive

City

New Rochelle

State

NY

Zip Code

10805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rosen Development Group,  
Inc.

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: C17704515

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Philip Rosen

Mailing Address 75 Echo Bay Drive

City

New Rochelle

State

NY

Zip Code

10805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rosen Development Group,  
Inc.

Occupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: C17704516

Amount of Each Receipt this Period

700.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Howard Rubin

Mailing Address 450 Long Ridge Road

City

Pound Ridge

State

NY

Zip Code

10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rubin Systems

Occupation  
CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 8

Transaction ID: C17704514

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Rosina Rubin

Mailing Address 10 Tor Terrace

City

New City

State

NY

Zip Code

10956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Attitude New York, Inc.

Occupation  
Business Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: C17737687

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Domenic R. Ruscio

Mailing Address Cavarocchi, Ruscio, Dennis Associa  
600 Maryland Avenue SW

City State Zip Code  
Washington DC 20024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cavarocchio, Ruscio, Denn-  
is Associatie

Occupation  
Partner

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744622

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Arthur Savage

Mailing Address 221 Corona Ave

City State Zip Code  
Pelham NY 10803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: C17737707

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Steven J Schacter

Mailing Address 255 Woodlands Road

City State Zip Code  
Harrison NY 10528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mill Management Inc.

Occupation  
Real Estate Investment

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 8

Transaction ID: C17719119

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Arlene Sherwood

Mailing Address 14 Lamesa Avenue

City

Eastchester

State

NY

Zip Code

10709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: C17719109

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Carole Solomon

Mailing Address 993 Park Avenue #7E

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Volunteer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 8

Transaction ID: C17718601

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

George Strayton

Mailing Address 606 Knollwood Ct

City

Valley Cottage

State

NY

Zip Code

10989

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provident Bank

Occupation

Banker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 8

Transaction ID: C17714699

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

George Strayton

Mailing Address 606 Knollwood Ct

City

Valley Cottage

State

NY

Zip Code

10989

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provident Bank

Occupation

Banker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: C17737689

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Paul J. Tendler

Mailing Address 83 Richard Ct

City

Pomona

State

NY

Zip Code

10970-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jawonio

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: C17737634

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

H. Elliot Wales

Mailing Address 52 Riverside Drive

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: C17726922

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Joan Walsh

Mailing Address 6 Spring Lake Drive

City

West Harrison

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town of Harrison

Occupation

Town Clerk

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Transaction ID: C17737701

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Marcia Warner

Mailing Address 1015 Nautilus Lane

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sackler School of Medicine

Occupation

Executive Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: C17710884

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

William Weisner

Mailing Address 74 Spencer Drive

City

New Rochelle

State

NY

Zip Code

10801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patterson Belknap Webb &  
Taylor

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: C17710877

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

UFVS Management Company, LLC

Mailing Address 287 Bowman Street

City

State

Zip Code

Purchase

NY

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Transaction ID: C17725800

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)PARTNERSHIP--partners below  
if itemized**B.**

Full Name (Last, First, Middle Initial)

Anthony Uzzo

Mailing Address 14 Hampton Road

City

State

Zip Code

Purchase

NY

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UFVS Managment Co. LLCOccupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Transaction ID: C17725803

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

27750.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

AKIN, GUMP, STRAUSS, HAUER & FELD LLP CIVIC ACTION

Mailing Address 1333 NEW HAMPSHIRE AVE/NW STE 400

City State Zip Code  
 WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00104901

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 7 / 2 0 0 8

Transaction ID: C17725015

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

American Association for Justice PAC

Mailing Address 777 6th Street, NW  
Suite 200

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00024521

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 7 / 2 0 0 8

Transaction ID: C17725022

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

American Dental Political Action Committee

Mailing Address 1111 14th Street NW #1100

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00000729

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 8

Transaction ID: C17737719

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

American Hospital Association Political Action Com

Mailing Address 325 Seventh Street NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00106146

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744627

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

American Nurses Association Political Action Commi

Mailing Address 8515 Georgia Ave, Suite 400

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

**C** C00017525

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17751065

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATR

Mailing Address 9312 OLD GEORGETOWN ROAD

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

**C** C00008839

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17744643

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITIC

Mailing Address 1300 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 7 / 2 0 0 8

Transaction ID: C17719127

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
AMERICANS FOR THE ARTS ACTION FUND PAC

Mailing Address 1000 Vermont Avenue NW 6th Floor  
 6th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00410126

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C17744985

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T

Mailing Address 175 E. Houston Street  
 Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C17752886

Amount of Each Receipt this Period

4000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Delta Dental Plans Association

Mailing Address 1515 W. 22ND STREET, SUITE 450

City State Zip Code  
Oak Brook IL 60523

FEC ID number of contributing  
federal political committee.

**C** C00213819

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744630

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

DRIVE Political Fund - TEAMSTERS

Mailing Address 25 Louisiana Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00011957

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17726940

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

FIRE PAC

Mailing Address Int. Assoc. Of Fire Fighters  
1750 New York Avenue NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00029447

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17751066

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: C17726948

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Hudson Valley PAC

Mailing Address 450 West Nyack Rd

City State Zip Code  
West Nyack NY 10994

FEC ID number of contributing  
federal political committee. **C** C00158865

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17718623

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Hudson Valley PAC

Mailing Address 450 West Nyack Rd

City State Zip Code  
West Nyack NY 10994

FEC ID number of contributing  
federal political committee. **C** C00158865

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: C17718621

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 70

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

International Longshoremen's Assoc Cmte on Pol. Ed

Mailing Address 17 Battery Place

City

New York

State

NY

Zip Code

10004

FEC ID number of contributing  
federal political committee.**C** C00158576

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: C17703334

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL AC

Mailing Address 1313 L Street N W

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00004036

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: C17726942

Amount of Each Receipt this Period

3500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL AC

Mailing Address 1313 L Street N W

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00004036

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: C17726945

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 70

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
SIEMENS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 720

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: C17744625

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Sierra Club Political Committee

Mailing Address 85 Second Street, 2nd floor

City State Zip Code  
San Francisco CA 94105-3441

FEC ID number of contributing  
federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 8

Transaction ID: C17727239

Amount of Each Receipt this Period

10.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: PAC Website En-  
dorsement

**C.**

Full Name (Last, First, Middle Initial)  
TRANSPORTATION INTERMEDIARIES ASSOCIATION'S TIAPAC

Mailing Address 1625 PRINCE ST SUITE 200

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee. **C** C00335091

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: C17737716

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3010.00

**TOTAL** This Period (last page this line number only) .....

53260.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 70

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Chase Manhattan Bank

Mailing Address 349 Fifth Avenue

City

New York

State

NY

Zip Code

10016-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

528.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17777263

Amount of Each Receipt this Period

18.26

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Citibank, N.A.

Mailing Address PO Box 5870

City

New York

State

NY

Zip Code

10163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22832.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: C17777265

Amount of Each Receipt this Period

1017.71

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Citibank, N.A.

Mailing Address PO Box 5870

City

New York

State

NY

Zip Code

10163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22832.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C17777264

Amount of Each Receipt this Period

986.51

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2022.48

**TOTAL** This Period (last page this line number only) .....

2022.48

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address PO Box 53852	<b>Transaction ID:</b> D338995 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.95</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339086 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>4755.14</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Ancient Order of Hibernians in America Mailing Address Myles Scully Division One 20 Wilbu City Yonkers State NY Zip Code 10704 Purpose of Disbursement Event Sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339034 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>150.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**4911.09**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress**A.**Full Name (Last, First, Middle Initial)  
Antonio Meucci Lodge #213

Mailing Address 279 Maple Avenue

City State Zip Code  
White Plains NY 10606Purpose of Disbursement  
Journal Advertisement  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339047

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

Amount of Each Disbursement this Period

125.00
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Auxiliary of St. John's Riverside Hospita

Mailing Address Office of External Affairs 967 N.

City State Zip Code  
Yonkers NY 10701Purpose of Disbursement  
Journal Advertisement  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339106

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

300.00
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Boys & Girls Clubs of N. Westchester

Mailing Address 351 Main St

City State Zip Code  
Mt. Kisco NY 10549Purpose of Disbursement  
Journal Advertisement  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

Amount of Each Disbursement this Period

150.00
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)  
Calabria Society

Mailing Address 81 Union Avenue

City State Zip Code  
New Rochelle NY 10802

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339059

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Cancer Support Team

Mailing Address 875 Mamaroneck Ave

City State Zip Code  
Mamaroneck NY 10543

Purpose of Disbursement  
Event Sponsorship  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Chase Merchant Services

Mailing Address 45 Knollwood Road

City State Zip Code  
Elmsford NY 10523

Purpose of Disbursement  
Bank Service Charges  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D338992

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

478.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) CTS Holdings, LLC	<b>Transaction ID:</b> D338999 <b>Date of Disbursement</b>
Mailing Address 2525 Horizon Lake Drive, Suite 120	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Memphis TN 38133</div> </div> <div> <div>Purpose of Disbursement</div> <div>Merchant Fee</div> </div> <div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State: District:</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) CTS Holdings, LLC	<b>Transaction ID:</b> D339000 <b>Date of Disbursement</b>
Mailing Address 2525 Horizon Lake Drive, Suite 120	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Memphis TN 38133</div> </div> <div> <div>Purpose of Disbursement</div> <div>Merchant Fee</div> </div> <div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>35.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State: District:</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Deer Park Spring Water	<b>Transaction ID:</b> D339089 <b>Date of Disbursement</b>
Mailing Address Processing Center PO Box 52271	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Phoenix AZ 85072-2271</div> </div> <div> <div>Purpose of Disbursement</div> <div>Office Supplies</div> </div> <div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>21.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> <div> <div>State: District:</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**91.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)  
Kristen DeFilippe

Mailing Address 4 Sealand Dr.

City Newtown State CT Zip Code 06470

Purpose of Disbursement  
Intern Stipend  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339004  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Direct Mail of New York, Inc.

Mailing Address 3199 Alba Post Road Suite 158

City Buchanan State NY Zip Code 10511

Purpose of Disbursement  
Postage  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339018  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Kimberly L. DiTomaso

Mailing Address 131 Reid Avenue

City Breezy Point State NY Zip Code 11697

Purpose of Disbursement  
FedEx Expense Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339017  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)  
Kimberly L. DiTomaso

Mailing Address 131 Reid Avenue

City Breezy Point State NY Zip Code 11697

Purpose of Disbursement  
Political Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339005

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Kimberly L. DiTomaso

Mailing Address 131 Reid Avenue

City Breezy Point State NY Zip Code 11697

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D338985

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

155.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Kimberly L. DiTomaso

Mailing Address 131 Reid Avenue

City Breezy Point State NY Zip Code 11697

Purpose of Disbursement  
Political Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D338986

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

10155.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Kimberly L. DiTomaso

Mailing Address 131 Reid Avenue

City Breezy Point State NY Zip Code 11697

Purpose of Disbursement  
Postage Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339083  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
El Clarin

Mailing Address 40 Broadway

City Haverstraw State NY Zip Code 10927

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339066  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Eleanor Roosevelt Legacy Committee

Mailing Address PO Box 20293 Greeley Square Statio

City New York State NY Zip Code 10001

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339024  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Exchange Club of Yonkers Mailing Address 46 Merritt Ave	<b>Transaction ID:</b> D339112 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City Eastchester State NY Zip Code 10709 Purpose of Disbursement Event Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) FMBS Merchant Services Mailing Address 2 Westbrook Drive Suite 200 City Westchester State IL Zip Code 60154 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339081 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) FMBS Merchant Services Mailing Address 2 Westbrook Drive Suite 200 City Westchester State IL Zip Code 60154 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D327943 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**269.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) FMBS Merchant Services	<b>Transaction ID:</b> D338984 <b>Date of Disbursement</b>
Mailing Address 2 Westbrook Drive Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Westchester State IL Zip Code 60154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fees	<div> <div>9.95</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FMBS Merchant Services	<b>Transaction ID:</b> D338994 <b>Date of Disbursement</b>
Mailing Address 2 Westbrook Drive Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
City Westchester State IL Zip Code 60154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fees	<div> <div>30.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ford Credit	<b>Transaction ID:</b> D338990 <b>Date of Disbursement</b>
Mailing Address PO Box 220564	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15257-2564	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Monthly Car Lease	<div> <div>1338.07</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1378.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ford Credit Mailing Address PO Box 220564	<b>Transaction ID:</b> D338991 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15257-2564 Purpose of Disbursement Monthly Car Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>326.52</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Ford Credit Mailing Address PO Box 220564 City Pittsburgh State PA Zip Code 15257-2564 Purpose of Disbursement Monthly Car Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339087 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>351.01</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Gary and Company Mailing Address 49 S Main St City New City State NY Zip Code 10956 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339076 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>1406.75</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2084.28**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Gary and Company Mailing Address 49 S Main St	<b>Transaction ID:</b> D339102 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div>
City State Zip Code New City NY 10956 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>117.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Holocaust Museum and Study Center Mailing Address 17 South Madison Ave City State Zip Code Spring Valley NY 10977 Purpose of Disbursement Journal Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339053 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>400.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Holy Trinity Greek Orthodox Church Mailing Address 10 Mill Road City State Zip Code New Rochelle NY 10804 Purpose of Disbursement Journal Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339113 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

767.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	<b>Transaction ID:</b> D339074 <b>Date of Disbursement</b>
Mailing Address 139 East Prospect Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Mamaroneck State NY Zip Code 10543 Purpose of Disbursement Printing Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>8267.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	<b>Transaction ID:</b> D339079 <b>Date of Disbursement</b>
Mailing Address 139 East Prospect Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Mamaroneck State NY Zip Code 10543 Purpose of Disbursement Printing Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>187.38</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	<b>Transaction ID:</b> D339080 <b>Date of Disbursement</b>
Mailing Address 139 East Prospect Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Mamaroneck State NY Zip Code 10543 Purpose of Disbursement Printing Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>13056.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**21512.06**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	<b>Transaction ID:</b> D339082 <b>Date of Disbursement</b>
Mailing Address 139 East Prospect Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div>
City Mamaroneck State NY Zip Code 10543 Purpose of Disbursement Printing Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>4663.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Jawonio Foundation	<b>Transaction ID:</b> D339021 <b>Date of Disbursement</b>
Mailing Address 260 N. Little Tor Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div>
City New City State NY Zip Code 10956 Purpose of Disbursement Journal Advertisement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) JCC Rockland	<b>Transaction ID:</b> D339111 <b>Date of Disbursement</b>
Mailing Address 450 West Nyack Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City West Nyack State NY Zip Code 10994 Purpose of Disbursement Journal Advertisement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**5213.30**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Jewish Week Mailing Address 1501 Broadway	<b>Transaction ID:</b> D339104 <b>Date of Disbursement</b> <div> <div>09</div> <div>24</div> <div>2008</div> </div>
City New York State NY Zip Code 10036 Purpose of Disbursement Journal Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>664.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Key Post Realty Corp. Mailing Address PO Box 26 City New Rochelle State NY Zip Code 10802 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D338998 <b>Date of Disbursement</b> <div> <div>09</div> <div>05</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1466.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Alexander Martone Mailing Address 18 Farrington Ave. City Sleepy Hollow State NY Zip Code 10591 Purpose of Disbursement Intern Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339003 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2630.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)

Mr. Alexander Martone

Mailing Address 18 Farrington Ave.

City  
Sleepy Hollow

State  
NY

Zip Code  
10591

Purpose of Disbursement  
Office Supplies Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D338988

Date of Disbursement

/   /

Amount of Each Disbursement this Period

59.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Meals-On-Wheels

Mailing Address 50 Pintard Avenue

City  
New Rochelle

State  
NY

Zip Code  
10801

Purpose of Disbursement  
Journal Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339068

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

National Herald, Inc.

Mailing Address 37-10 30th Street

City  
Long Island City

State  
NY

Zip Code  
11101-2614

Purpose of Disbursement  
Journal Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339048

Date of Disbursement

/   /

Amount of Each Disbursement this Period

135.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

394.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) National MS Society	<b>Transaction ID:</b> D339042 <b>Date of Disbursement</b>
Mailing Address 2 Gannett Drive Suite LC	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code White Plains NY 10604 Purpose of Disbursement Journal Advertisement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Nepperhan Community Center Inc.	<b>Transaction ID:</b> D339030 <b>Date of Disbursement</b>
Mailing Address 342 Warburton Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code Yonkers NY 10701 Purpose of Disbursement Journal Advertisement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>150.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) New Rochelle Council of Community Service	<b>Transaction ID:</b> D339045 <b>Date of Disbursement</b>
Mailing Address 95 Lincoln Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code New Rochelle NY 10801 Purpose of Disbursement Member Sponsor Dues Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)  
New Rochelle Italian-American Association

Mailing Address 1 Cleveland Ct.

City State Zip Code  
New Rochelle NY 10801

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D339105

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
New York State Democratic Committee

Mailing Address 461 Park Avenue South

City State Zip Code  
New York NY 10016

Purpose of Disbursement  
Voter File Access  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D339006

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6110.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
New Yorkers Against Gun Violence

Mailing Address and Education Fund 3 W 29th St, St

City State Zip Code  
New York NY 10001

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D339052

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

6610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)

Noam Bramson

Mailing Address 201 Pinebrook Boulevard

City State Zip Code  
New Rochelle NY 10804

Purpose of Disbursement  
Political Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D338997

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Northeast Jewish Center

Mailing Address 11 Salisbury Road

City State Zip Code  
Yonkers NY 10710

Purpose of Disbursement  
Journal Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D339022

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Pace Women's Justice Center

Mailing Address 78 North Broadway

City State Zip Code  
White Plains NY 10603

Purpose of Disbursement  
Journal Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D339041

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**4150.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Peake DeLancey Printers LLC	<b>Transaction ID:</b> D338987 <b>Date of Disbursement</b>
Mailing Address 2500 Schuster Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Cheverly State MD Zip Code 20781	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage	<div> <div>1070.58</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Peake DeLancey Printers LLC	<b>Transaction ID:</b> D339084 <b>Date of Disbursement</b>
Mailing Address 2500 Schuster Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div>
City Cheverly State MD Zip Code 20781	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing Expense	<div> <div>7176.10</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Hudson Peconic	<b>Transaction ID:</b> D339037 <b>Date of Disbursement</b>
Mailing Address 4 Skyline Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div>
City Hawthorne State NY Zip Code 10532	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Journal Advertisement	<div> <div>1000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**9246.68**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)  
Port Chester Columbus Day Celeb. Cmte

Mailing Address PO Box 1048

City Port Chester State NY Zip Code 10573

Purpose of Disbursement  
Event Sponsorship

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339026

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Rockland County Democratic Committee

Mailing Address PO Box 266

City New City State NY Zip Code 10956

Purpose of Disbursement  
Journal Advertisement

Candidate Name  
Rockland County Democratic Committee

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339032

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Rockland County PBA

Mailing Address 500 Bradley Hill Rd

City Blauvelt State NY Zip Code 10913

Purpose of Disbursement  
Event Sponsorship

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339020

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Ryan Phillips Utrecht & MacKinnon

Mailing Address 1133 Connecticut Avenue NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D339090

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3245.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Sacred Heart High School

Mailing Address Principal's Scholarship Dinner 34

City Yonkers State NY Zip Code 10703

Purpose of Disbursement  
Journal Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D339039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Scharfenberger Company

Mailing Address 2534 Commerce Blvd

City Cincinnati State OH Zip Code 45241

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D338989

Date of Disbursement

/   /

Amount of Each Disbursement this Period

368.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3863.89

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)  
Shoreline Publishing, Inc.

Mailing Address 629 Fifth Avenue

City Pelham State NY Zip Code 10803

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339038  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Merchant Fees  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339012  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Merchant Fees  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339013  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)  
The Emelin Theatre

Mailing Address PO Box 736

City State Zip Code  
Mamaroneck NY 10543-0736

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D339036  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
The Frost Group

Mailing Address 2737 Devonshire Place, NW #325

City State Zip Code  
Washington DC 20008

Purpose of Disbursement  
Fundraising Consulting Fee  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D338996  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
The Jewish Press

Mailing Address 338 Third Avenue

City State Zip Code  
Brooklyn NY 11215

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D339103  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) The Mellman Group Mailing Address 1000 Thom Jefferson St NW #520	<b>Transaction ID:</b> D339073 <b>Date of Disbursement</b> <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Washington State DC Zip Code 20007 Purpose of Disbursement Polling Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>29600.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) The Rockland Bulletin Mailing Address 50 Melnick Dr. City Monsey State NY Zip Code 10952 Purpose of Disbursement Journal Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339071 <b>Date of Disbursement</b> <div> <div>09</div> <div>16</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) The Rockland Bulletin Mailing Address 50 Melnick Dr. City Monsey State NY Zip Code 10952 Purpose of Disbursement Journal Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339054 <b>Date of Disbursement</b> <div> <div>09</div> <div>16</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**30100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO BOX 489	<b>Transaction ID:</b> D339001 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Cell Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>601.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO BOX 489 City Newark State NJ Zip Code 07101 Purpose of Disbursement Mobile Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339088 <b>Date of Disbursement</b> <div> <div>09</div> <div>23</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>44.41</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184 Purpose of Disbursement Office Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D338993 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>410.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1056.54**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Westchester ARC

Mailing Address 74 Westmoreland Avenue

City State Zip Code  
White Plains NY 10606

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D339035  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Westchester Community Opportunity Program

Mailing Address 2269 Saw Mill River Road

City State Zip Code  
Elmsford NY 10523

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D339025  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Westchester County Press

Mailing Address 29 West Fourth Street

City State Zip Code  
Mount Vernon NY 10550

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D339064  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Westchester Disabled on the Move

Mailing Address 984 N. Broadway, Ste L-01

City State Zip Code  
Yonkers NY 10701

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D339033

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Westchester Hispanic Law Enforcement Asso

Mailing Address PO BOX 1292

City State Zip Code  
White Plains NY 10602

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D339029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Westchester Jewish Conference

Mailing Address 701 Westchester Ave, Ste 203E

City State Zip Code  
White Plains NY 10604

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D339062

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)  
Westchester Public/Private Partnership fo

Mailing Address 9 S. First Ave

City State Zip Code  
Mt. Vernon NY 10550

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339051

Date of Disbursement

/   /

Amount of Each Disbursement this Period

175.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
World Class Parking

Mailing Address 359 Central Park Ave

City State Zip Code  
Hartsdale NY 10530

Purpose of Disbursement  
Event Valet Parking Services  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339091

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
YAI/Rockland Cnty Assoc for Learning Disa

Mailing Address 2 Crosfield Ave West ack,

City State Zip Code  
West Nyack NY 10994

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D339109

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

**A.** Full Name (Last, First, Middle Initial)  
Yonkers Columbus Day Celebration Cmte.

Mailing Address 128 Colonial Parkway

City Yonkers State NY Zip Code 10710

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D339023

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Yonkers Partners in Education

Mailing Address 86 Main St, Ste 301

City Yonkers State NY Zip Code 10701

Purpose of Disbursement  
Journal Advertisement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D339110

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
1st Class Executive Transportation

Mailing Address 2408 Firstview Dr

City Loveland State CO Zip Code 80538

Purpose of Disbursement  
Travel Expense  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D339101

Date of Disbursement

/   /

Amount of Each Disbursement this Period

765.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 1270	<b>Transaction ID:</b> D339094 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Membership Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>35.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Rye Ford, Inc. Mailing Address 1151 Boston Post Rd City Rye State NY Zip Code 10580 Purpose of Disbursement Campaign Car Lease Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339095 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>2110.81</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Sheraton Denver Mailing Address 1550 Court Place City Denver State CO Zip Code 80202 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339097 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>1482.23</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 77 W. Wacker Dr.	<b>Transaction ID:</b> D339096 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60601 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>69.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 620 Mamaroneck Ave City White Plains State NY Zip Code 10605 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D339092 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>29.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D339002 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>340.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**340.07**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 1270	<b>Transaction ID:</b> D339007 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Membership Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>163.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 620 Mamaroneck Ave City White Plains State NY Zip Code 10605 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339008 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>64.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO BOX 489 City Newark State NJ Zip Code 07101 Purpose of Disbursement Cell Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D339009 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>64.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

126219.69

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)  
Eastchester Democratic Committee

Mailing Address 66 Stebbins Avenue

City State Zip Code  
Eastchester NY 10709

Purpose of Disbursement  
Excess Campaign Funds

Candidate Name  
Eastchester Democratic Committee

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339077

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 9 / 1 8 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Jewish Child Care Association

Mailing Address 120 Wall St, 12th FL

City State Zip Code  
New York NY 10005

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339057

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 9 / 1 6 / 2 0 0 8

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
KRYZAN FOR CONGRESS

Mailing Address P.O. Box 317

City State Zip Code  
Amherst NY 14226

Purpose of Disbursement  
Contribution

Candidate Name  
Alice Kryzan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: D339016

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 9 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Nita Lowey for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MADIA FOR U S CONGRESS</b> Mailing Address PO Box 2459	<b>Transaction ID:</b> D339014 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div>
City State Zip Code Maple Grove MN 55311 Purpose of Disbursement Contribution Candidate Name Jigar Ashwin Madia Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03	<b>Amount of Each Disbursement this Period</b> <div> <div>1000.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>PAUL TONKO FOR CONGRESS</b> Mailing Address 911 Central Avenue PO Box 221 City State Zip Code Albany NY 12206 Purpose of Disbursement Contribution Candidate Name Paul Tonko Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 21	<b>Transaction ID:</b> D339015 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>1000.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Progressive Rockland</b> Mailing Address PO Box 604 ack, City State Zip Code Nyack NY 10960 Purpose of Disbursement Excess Campaign Funds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D339078 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div>250.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nita Lowey for Congress

A.

Full Name (Last, First, Middle Initial)

Working Families Party

Mailing Address 88 Third Avenue

City  
Brooklyn

State  
NY

Zip Code  
11217

Purpose of Disbursement  
Unlimited Transfer of Excess Funds

Candidate Name  
NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES P

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D339072

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

14000.00